

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
(LARA)

ACKNOWLEDGEMENT OF RECEIPT

LARA WORK RULES

I hereby acknowledge that I have been provided a copy of the LARA Work Rules and have been made aware that they can be accessed electronically on the LARA Office of Human Resources website at www.michigan.gov/laraohr .

I am aware that I am expected to comply with these rules and failure to do so may result in corrective and/or disciplinary action.

Print Name

Employee ID Number

Signature

Date